

**DETERMINATION OF NEED  
 (MEDICAL ASSISTANCE)**

Case Name _____	Prior Medical Period	From _____	Through _____							
Case Number _____	Redetermination Period	From _____	Through _____							
	Eligibility Base Period	From _____	Through _____							
		From _____	Through _____							
		From: _____	Through: _____	(1)	(2)	(3)	(4)	(5)	(6)	(7)

<b>A. MONTHLY EARNED INCOME</b>											
1. Gross Income											1
2. IRWE/BWE Dependent Care Exp	-	-	-	-	-	-	-	-	-	-	2
3. Adjusted Gross Earned Income	=	=	=	=	=	=	=	=	=	=	3

<b>B. MONTHLY UNEARNED INCOME</b>											
4. OASDI-RR											4
5. Other	+	+	+	+	+	+	+	+	+	+	5
6. Other	+	+	+	+	+	+	+	+	+	+	6
7. Gross Unearned Income	=	=	=	=	=	=	=	=	=	=	7

<b>C. FINAL COMPUTATION</b>											
8. Total Income (3 + 7)											8
9. MS Disregard	-	-	-	-	-	-	-	-	-	-	9
10. Allocated Income/Child Support	-	-	-	-	-	-	-	-	-	-	10
11. Countable Income	=	=	=	=	=	=	=	=	=	=	11
12. Number of Months	X	X	X	X	X	X	X	X	X	X	12
13. Income for Period	=	=	=	=	=	=	=	=	=	=	13
14. Irregular Income in Period	+	+	+	+	+	+	+	+	+	+	14
15. Total Countable Income	=	=	=	=	=	=	=	=	=	=	15
16. Protected Income (or Poverty Level Standard)	-	-	-	-	-	-	-	-	-	-	16
17. Total Spenddown	=	=	=	=	=	=	=	=	=	=	17
18. Medical Insurance and Other	-	-	-	-	-	-	-	-	-	-	18
19. Client Obligation or Adjusted Spenddown	=	=	=	=	=	=	=	=	=	=	19

Approved-Suspended	<input type="text"/>						
Denied	<input type="text"/>						
Eligible: No Spenddown or Spenddown Met, Including LTC	<input type="text"/>						

Initial Date										

<b>PROTECTED INCOME TABLE</b>	<b>POVERTY LEVEL STANDARDS</b>	<b>Computation and Documentation</b>
Persons in LTC, except HCBS, have \$62 monthly protected needs allowance.	No. of Persons	
Persons in HCBS have a \$727 monthly income standard.	Income Counted	
No. Persons in Independent of Living	1	
Mos. 1 2 3 4	2	
1 \$ 475 \$ 475 \$ 480 \$ 497	3	
2 \$ 950 \$ 950 \$ 960 \$ 994	4	
3 \$1426 \$1426 \$1440 \$1491		
4 \$1990 \$1990 \$1920 \$1988		
5 \$2375 \$2375 \$2400 \$2485		
6 \$2850 \$2850 \$2880 \$2982		
For five or more persons, use the Group V column of Table 1.		
	For each additional person, add:	
	\$1040 \$694 \$520 \$462 \$347 \$416 \$468 \$642	